RT B - FEE(S) TRANSMITTAL Complete and send this form, together with appl ble fee(s), to: Mail Mail Stop ISSUE FE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (703) 746-4000 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m 7590 08/12/2004 have its own certificate of mailing or transmission. Kevin S. Lemack Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below. Nields & Lemack Suite 7 176 E. Main Street Westboro, MA 01581 S. Lemack 10/08/2004 WABDELR3 00000117 10696106 (Signat D 1370.00 OP October 5, 2004 300_00_0P 3 FERROMATION NO. FILING DATE OF FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/29/2003 🎺 10/696,106 Fumio Ohtomo 463P085C/F TITLE OF INVENTION: LASER SIGHTING DEVICE SMALL ENTITY ISSUE FEE APPLN. TYPE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 11/12/2004 **EXAMINER** ART UNIT CLASS-SUBCLASS COHEN, AMY R 2859 033-290000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Nields & Lemack (1) the names of up to 3 registered patent attorneys $\hfill \Box$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kabushiki Kaisha TOPCON	Tokyo-to, Japan						
Please check the appropriate assignee category or categories (will not be	printed on the patent);	tity 🛛 governm					
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):						
X Issue Fee	XIA check in the amount of the fee(s) is enclosed.						
Publication Fee (No small entity discount permitted)	☐ Payment by credit card. Form PTO-2038 is attached.						
🕅 Advance Order - # of Copies10	X The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 14-0930 (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)							
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	7. X b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).						
The Director of the HSPTO is requested to apply the Issue Fee and Publ	cation Fee (if any) or to re-apply, any praying by paid issue fee to the application is	antified above					

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(Authorized Signature)

(Date)

October 5, 2004

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BOX ISSUE FEE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Group Art Unit: 2859

Fumio Ohtomo et al.

Examiner: Cohen, Amy R.

Serial No.: 10/696,106

Filed: October 29, 2003

Allowance Date: 8/12/04

Case No: 463P085c/p

Confirmation No: 6603

For:

LASER SIGHTING DEVICE

Mail Stop: Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

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Please accept the attached Issue Fee Transmittal sheet PTOL-85B and a check in the amount of \$1,700.00 in payment of the issue fee, publication fee and the advanced order fee for the above application.

Authorization is given to charge any deficiencies or credit any overpayment to Deposit Account No. 14-0930.

Please notify Applicant's attorney if any problems should arise.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 5, 2004.

Respectfully submitted,

Signature: Kevin S. Lemack
Date: October 5, 2004

Kevin S. Lemack
Attorney for Applicants
Registration No. 32,579
Nields & Lemack
176 E. Main Street
Westboro, MA 01581
TEL: (508) 898-1818

PTO/SB/17 (10-04)
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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

FRAT & TP.AC

TOTAL AMOUNT OF PAYMENT (\$) 700.00

Complete if Known					
Application Number	10/696,106				
Filing Date	October 29, 2003				
First Named Inventor	Fumio Ohtomo				
Examiner Name	Cohen, Amy R.				
Art Unit	2859				
Attorney Docket No.	463P085c/p				

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
X Check Credit card Money Other None		3. A	3. ADDITIONAL FEES					
X Deposit Account:			Large Entity Small Entity					
Denosit		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
Account Number	1930	1051	130	2051	65	Surcharge - late filing fee or oath		
Deposit Account Niel	ds & Lemack	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
The Director is authorized to: (chec	ek all that apply	1053	130	1053	130	Non-English specification	<u> </u>	
Charge fee(s) indicated below	Credit any overpayments	1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
Charge any additional fee(s) or an		1804	920°	1804	920*	Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, extended to the above-identified deposit account	•	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
FEE CALCU		1251	110	2251	55	Extension for reply within first month		
1. BASIC FILING FEE	ZEATION	1252	430	2252	215	Extension for reply within second month		
Large Entity Small Entity		1253	980	2253	490	Extension for reply within third month		
Fee Fee Fee Fee De Code (\$)	scription Fee Paid	1254	1,530	2254	765	Extension for reply within fourth month		
	filing fee	1255	2,080	2255	1,040	Extension for reply within fifth month		
	an filing fee	1401	340	2401	170	Notice of Appeal		
1003 550 2003 275 Plant	filing fee	1402	340	2402	170	Filing a brief in support of an appeal		
1004 790 2004 395 Reiss	sue filing fee	1403	300	2403	150	Request for oral hearing		
1005 160 2005 80 Provis	sional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
SUBTO	TAL (1) (\$)	1452	110	2452	55	Petition to revive - unavoidable		
2. EXTRA CLAIM FEES FOR		1453	1,330	2453	665	Petition to revive - unintentional		
	Fee from	1501	1,370	2501	685	Utility issue fee (or reissue)	1370	
Total Claims Extra C	Claims below Fee Pale	11	490	2502	245	Design issue fee		
Independent -3**=		1503	660	2503		Plant issue fee		
Claims 3 = Multiple Dependent		1460	130	1460		Petitions to the Commissioner		
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Large Entity Small Entity Fee Fee Fee Fee Fe	e Description	1806	180	1806		Submission of Information Disclosure Stmt		
Code (\$) Code (\$)	ms in excess of 20	8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
100	pendent claims in excess of 3	1809	790	2809		Filing a submission after final rejection (37 CFR 1.129(a))		
1203 300 2203 150 Multip	ple dependent claim, if not paid	1810	790	2810	395	For each additional invention to be		
	eissue independent claims er original patent	1904	790	2004	205	examined (37 CFR 1.129(b))		
	eissue claims in excess of 20	1801 1802	900	2801 1802	395 900	Request for Continued Examination (RCE) Request for expedited examination		
	d over original patent					of a design application		
SUBTOTAL (2) (\$)			Other fee (specify) Publication&Advanced order -10				330	
⁴or number previously paid, if grea	• •	*Redu	ced by	Basic F	lling Fe	substotal (3) (\$) 1.7	00:00	

(Complete (if applicable)) SUBMITTED BY Registration No. Name (Print/Type) Keyin S. Lemack Telephone 508-898-1818 32,579 2004 Signature

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